

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/01236
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		1				
12		1				
13	1					
14						
15		2				
16		2				
17		2				
18		2				
19		2	1			
20		2				
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23		1				
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.		34				
TOTAL CLAIMS	36		36			

	IND.		DEP.		IND.		DEP.	
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TOTAL DEP.								
TOTAL CLAIMS								